

TULARE COUNTY

NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES (FMLA/CFRA)

PART A – NOTICE OF ELIGIBILITY

TO: _____ Title _____ EE ID _____
(Employee's name)

FROM: _____ Phone _____
(Name of employer representative)

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:
(date) (date)

- ☐ The birth of a child.
- ☐ Bonding with a newborn
- ☐ The placement of a child with you for adoption or foster care;
- ☐ To care for an immediate family member because such family member has a serious health condition.
- ☐ Care for an adult child who is incapable of self care.
- ☐ Employee's own serious health condition that makes the employee unable to perform the functions of his/her position.
- ☐ Military leave of absence
- ☐ Assist a child, spouse, parent who is a member of the National Guard or Reserves with a "qualify exigency" related to active duty or a call of duty status in support of a contingency operation.
- ☐ To care for a child, spouse, parent or "next of kin" servicemember of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active duty.
- ☐ Other: _____

This Notice is to inform you that you:

- ☐ Are eligible for FMLA and/or CFRA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA because (only one reason need be checked although you may not be eligible for other reasons):
 - ☐ You have not met the FMLA 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ____ months towards this requirement.
 - ☐ You have not met the FMLA 1,250-hours-worked requirement.
- ☐ Are not eligible for CFRA because (only one reason need be checked although you may not be eligible for other reasons):
 - ☐ You have not met the CFRA 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ____ months towards this requirement.
 - ☐ You have not met the CFRA 1,250-hours-worked requirement.
- ☐ Are not eligible for FMLA and/or CFRA leave because you have exhausted these benefits.

If you have any questions, contact Leave HR Representative _____

You may also view the FMLA poster located at: _____.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- ☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☐ is/ ☐ is not enclosed.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☐ Other information needed: _____
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- ☐ No additional information requested

If your leave does qualify as FMLA/CFRA leave, you will have the following **responsibilities** while on FMLA leave (only checked boxes apply):

- ☐ Contact Human Resources and Development Benefits Unit at (559) 636-4911 to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. If timely payment is not made, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse.
- ☐ You may be required to use your available paid ☐ sick, or ☐ vacation leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be protected FMLA leave and counted against your FMLA leave entitlement.
- ☐ Due to your status within the agency, you ☐ are/ ☐ are not considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA/CFRA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ☐ have/ ☐ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- ☐ While on leave you will be required to furnish us with periodic reports of your status. If the circumstances of your leave change, and/or you are able to return to work earlier than the date indicated at the time of your leave request, you will be required to notify us immediately of the date you intend to report to work. A medical release will be required at the time you return to work.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA and/or CFRA leave you will have the following **rights** while on FMLA/CFRA leave:

- You have a right under the FMLA and/or CFRA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during the 12 weeks of unpaid FMLA/CFRA leave under the same conditions as if you continued to work. For questions regarding Benefit coverage during Leaves of Absence contact Human Resources and Development Benefits Unit at (559) 636-4911.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA-protected leave.
- If you do not return to work following FMLA/CFRA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember’s serious injury or illness which would entitle you to FMLA/CFRA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA/CFRA leave.

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA and/or CFRA leave and count towards your FMLA and/or CFRA leave entitlement.

For further information, contact departmental coordinator: _____
Name

Department

Phone number